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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 204	
STANDARD CERTIFICATE OF DEATH		COUNTY <u>Maricopa</u>	STATE <u>ARIZONA</u>	REGISTERED NO. <u>3</u>			
TOWNSHIP <u>Gila Bend</u>		OR VILLAGE					
CITY <u>Gila Bend</u>		NO.		ST.		WARD	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>2</u> YRS. <u>4</u> MOS. DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH <u>2</u> YRS. <u>4</u> MOS. DS.					
2. FULL NAME <u>Fannie Francis Gills</u>		HOW LONG IN STATE WHEN DEATH OCCURRED <u>2</u> YRS. <u>4</u> MOS. DS.					
(A) RESIDENCE: NO. (USUAL PLACE OF ABODE)		ST.		WARD.		(IF NO RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Washington Gills</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28, 1861</u>							
7. AGE <u>75</u>		YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>✓</u>						
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Housewife</u>						
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH, DAY, AND YEAR) <u>Feb. 3, 1937</u>						
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>33 yrs</u>							
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Hempstead, N.Y.</u>							
FATHER	13. NAME <u>Frank Henton</u>						
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Georgia</u>						
MOTHER	15. MAIDEN NAME <u>Estle Francis Rutledge</u>						
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Georgia</u>						
17. INFORMANT (ADDRESS) <u>Mrs. Oscar Gills</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gila Bend, Arizona</u> DATE <u>2-4-37</u>							
19. EMBALMER (ADDRESS) <u>H. J. Pyans</u>							
20. FILED <u>2-4-37</u> <u>Bessie Rhodes</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-4-37</u> 19 <u>37</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan. 1, 1935</u> TO <u>May 1, 1936</u>							
LAST SAW HER ALIVE ON <u>May 1, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2-4-37</u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>Acute Myocarditis</u>							DATE OF ONSET <u>2-4-37</u>
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
<u>Chronic Interstitial Nephritis</u>							<u>1-6-35</u>
NAME OF OPERATION DATE OF							
WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY							
NATURE OF INJURY							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>							
IF SO, SPECIFY (SIGNED) <u>Vogel Jeffery</u> M. D.							
(ADDRESS) <u>Phoenix, Arizona</u>							